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ABSTRACT

This report summarizes information about the nature and extent of HIV (Human Immunodeficiency Virus) prevention and health education being implemented in Colorado's youth-serving facilities, based on a mail survey of facilities serving youth in out-of-home placement. Forty-three of 78 facilities identified as serving youth age 12 and above responded to the survey. Of the 43 facilities, 40 reported providing some type of HIV education to a portion of youth during their stay in the facility. The percentage of youth receiving HIV education ranged from 20 percent to 100 percent, with a weighted average among facilities of 56.3 percent. A table shows the percentage of facilities addressing specific health education topics, using specialized curricula, and providing skills-building practice in such areas as alcohol and other drug use, sexual behaviors, and emotional and mental health. A second table lists barriers that educators identified in providing health education, such as lack of adequate textbooks, lack of money, lack of audiovisual resources, and lack of staff training opportunities. Survey results suggest progress toward program objectives, but do not ensure that Colorado youth in out-of-home placement are participating in instruction that is effective in assisting them to adopt healthy behaviors and avoid preventable health and social problems. (JDD)

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Adolescents in Out-of-Home Placement

Health Education Survey

1992

REPORT

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Adolescents in Out-of-Home Placement

Health Education Survey

1992

REPORT

prepared for the
Colorado Department of Education

by

Research and Evaluation Program
Health Education Department
University of Utah

October 21, 1992

Colorado State Board of Education

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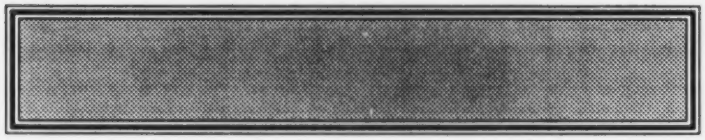

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- Improving the quality of education for teachers, administrators, and librarians; and
- Enhancing lifelong learning through access to information, quality libraries, and adult literacy services.

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OVERVIEW

The Colorado Department of Education (CDE) HIV Education Project, through a cooperative agreement with the Division of Adolescent and School Health of the U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools and other youth-serving agencies across the state in organizing and delivering effective HIV prevention and related health education programs.

CDE HIV Education program objectives address two main goals:

1. Increase the numbers and percentages of schools and students participating in effective HIV education in context of a comprehensive plan of school health education; and

2. Increase the numbers and percentages of youth-serving facilities and residents participating in effective HIV education.

CDE contracted with the University of Utah Research and Evaluation Program (survey team) to conduct two surveys:

1. *1992 Colorado School Health Education Survey - Public Schools*; and

2. ***1992 Colorado HIV Education Survey - Facilities Serving Youth in Out-of-Home Placement.*** These facilities are operated by the Colorado Department of Social Services (for emotionally/behaviorally disturbed youth) and the Colorado Department of Institutions-Division of Youth Services (for adjudicated youth).

The survey instruments were approved for use in Colorado prior to fielding the surveys.

This report summarizes results of the *1992 Colorado Health Education Survey - Facilities Serving Youth in Out-of-Home Placement.* Results provide information about the nature and extent of HIV prevention and health education being implemented in Colorado's youth-serving facilities. The survey instrument (attached) was adapted from a school survey form which the survey team had developed, tested, and prepared to field in Colorado's schools. The survey was designed to provide information useful to CDE in planning HIV prevention and health education program development and improvement activities in these facilities.

BACKGROUND

Youth Risk Behavior Survey (YRBS)[1] results indicate youth in Colorado, surveyed in both schools and in facilities serving youth in out-of-home placement, continue to engage in the behaviors that lead to the most serious health and social problems of adolescence and adulthood. Youth assigned to residential and correctional facilities are more likely to engage in sexual intercourse, high-risk sexual behaviors, and substance use than in-school adolescents. These behaviors put youth in out-of-home placement at risk for HIV infection and AIDS. Effective health education is needed to assist youth to reduce these behaviors. Effective programs identified through research in school settings may have provisions which apply to other settings as well.

Effective education for any category of health risk behavior is best accomplished within a comprehensive program which emphasizes behavior change and the development of risk-reduction skills. Successful programs address each of the priority health risk behaviors, incorporate skills-based curricula based on appropriate theory, provide adequate instructional time, and ensure repeated exposure to the health information. Program coordination by qualified personnel and instruction led by persons who are adequately trained and interested in teaching about a variety of health topics are also important factors.

In addition, skills-based health educator training and follow-up, peer assistants, and facility-wide programs may be important elements of successful programs in youth-serving facilities. According to Dr. Donald C. Iverson of the University of Colorado, effective programs emphasize the development of skills and self-esteem, nurture social bonding to conventional units of socialization, and provide recognition and reinforcement for newly acquired skills and positive health behaviors.

It is recognized that developing and maintaining effective HIV prevention and health education programs in youth-serving facilities will be especially challenging. It may be, however, that youth in such facilities are in the greatest need for assistance in adopting healthy behaviors and avoiding preventable health and social problems.

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[1] The Youth Risk Behavior Survey is conducted biannually by CDE for the purpose of collecting information about priority high risk behaviors among adolescents in Colorado.

METHODS

Methods for organizing and administering the surveys followed those previously developed and utilized in completing school surveys in Colorado and five neighboring states. From a listing provided by CDE, 78 facilities were identified as serving youth age twelve and above in Colorado. On July 7, 1992, surveys were mailed to these 78 facilities with a memorandum (attached) endorsed by representatives from Colorado's Departments of Education, Social Services, and Institutions-Division of Youth Services. The memorandum explained the purpose of the survey and requested cooperation and participation. A postage paid envelope was also enclosed to encourage participation in the survey. A total of 43 (55.1%) completed surveys were returned. Given this rate of response, results do not represent all Colorado youth-serving facilities or residents in such facilities, only those facilities completing the survey.

RESULTS

Out of 43 facilities responding to the survey, 40 (93%) reported providing some type of HIV education to a portion of youth during their stay in the facility. **If we assume all non-responding facilities did not provide HIV education, then 40 of the total sample of 78 facilities represents a conservative estimate: 51.3%.**

The percentage of youth receiving HIV education in these facilities ranged from 20% to 100%, with a weighted average among facilities of 56.3%. **Based on the weighted average, a conservative estimate of the percentage of youth receiving HIV education in Colorado youth-serving facilities is 30.2%, or 453 of the estimated 1500 youth in these facilities.**

Table 1 shows the percentages of all facilities addressing each major health education topic, using specialized curricula, and providing skills-building practice within each topic area.

TABLE 1

PERCENTAGES OF COLORADO YOUTH-SERVING FACILITIES ADDRESSING MAJOR HEALTH EDUCATION TOPICS

Topic	Addressed as Part of Health Education	Specialized Curriculum Used	Skills-Building Practice
• Injury	37.2	16.3	30.2
• Tobacco Use	55.8	20.9	48.8
• Alcohol and Other Drug Use	74.4	46.5	79.1
• Sexual Behaviors	72.1	44.2	79.1
• HIV Prevention	79.1	65.1	72.1
• Nutrition	55.8	34.9	53.5
• Physical Fitness	72.1	25.6	76.7
• Emotional and Mental Health	65.1	25.6	76.7
• Personal Hygiene	67.4	18.6	69.8
• Social and Environmental Health	51.2	30.2	58.1

Clearly, a high percentage of facilities report that important health risk behaviors are addressed within the context of a comprehensive plan of health education. Alcohol and other drug use, sexual behaviors, and HIV-related risk behaviors are addressed in a majority of facilities surveyed. Overall, however, it does not appear that instruction is based on specialized curricula, although nearly two-thirds of respondents reported utilizing a specialized curriculum to address HIV prevention. The majority of respondents reported that skills-building practice was used to encourage healthy behaviors.

Table 2 provides some indication of the barriers educators in Colorado youth-serving facilities face in providing health education.

TABLE 2

PERCENTAGE OF FACILITIES INDICATING EACH ITEM AS A LIMITATION

Limitation	Percentage
• Lack of money	48.8%
• Lack of time for health education	32.6%
• Lack of appropriate curricula	39.5%
• Lack of time to update or revise curriculum	37.2%
• Lack of staff expertise or comfort	32.6%
• Lack of staff training opportunities	53.3%
• Lack of adequate textbooks	48.8%
• Lack of audiovisual resources	58.1%
• Lack of access to community resources	9.3%
• Crowded or inadequate facilities	14.0%

Several of the factors listed above are perceived as significant limiters in youth-serving facilities. It is important to note that, overall, facilities in Colorado perceive a lack of educational materials and staff training opportunities to be more limiting factors than a lack of staff expertise or a lack of time for health education. This suggests Colorado facilities would be amenable to participating in state-sponsored program development activities.

PROGRESS TOWARD OBJECTIVES

When measured against CDE HIV Education Project objectives related to youth-serving agencies and youth in out-of-home placement, results suggest progress toward these objectives is being made.

> **Objective Four**: **To increase the number and percentage of agencies serving youth not attending school that are providing HIV education.** By July 31, 1992, the number of youth-serving agencies that have implemented HIV education programs for high-risk, out-of-school youth will increase from **37 (47%) to 47 (60%)**.
>
> ***Survey Results:*** *The number and percentage of youth-serving facilities providing HIV education in Colorado was* ***40 (51.3%)***.
>
> **Objective Five**: **To increase the number and percentage of out-of-school youth in youth-serving agencies who receive HIV education.** By July 31, 1992, the number and percentage of high-risk adolescents in out-of-home placement that are receiving education about how to avoid becoming infected with HIV will increase from **314 (20%) to 450 (30%)**.
>
> ***Survey Results:*** *The estimated number and percentage of youth in out-of-home placement receiving HIV education in Colorado was* ***453 (30.2%)***

That 79.1% of responding facilities reported providing HIV education in the context of a more comprehensive program of health education is encouraging. And, that 65.1% utilized a specialized curriculum to provide this instruction and 72.1% reported utilizing skills-building instructional strategies is also encouraging.

These results do not ensure that Colorado youth in out-of-home placement are participating in health education instruction that is effective in assisting them to adopt healthy behaviors and avoid preventable health and social problems. The degree to which youth in Colorado continue to engage in behaviors that lead to the most serious health and social problems of youth and adulthood indicates that current efforts, both within and outside of schools, are not as effective as the need dictates. While many factors operate to promote effective health education in youth-serving facilities, properly designed and implemented health education instruction is crucial to the well-being of Colorado's youth.